

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CASE ASSIGNMENT and INITIAL NOTICE
401 EAST STATE STREET
P.O. BOX 435
TRENTON, NEW JERSEY 08625-0435

FACILITY ID # _____	FOR NJDEP USE ONLY
ACTIVITY # _____	
TMS # _____	
RECEIVED DATE _____	
EARLIEST START OF CLOSURE DATE _____	

CLOSURE OF AN UNDERGROUND STORAGE TANK (UST) SYSTEM FORM

Submission of this form is a requirement of N.J.A.C. 7:14B-9. This form replaces UST-013 and UST-N13. *You can also use NJDEP On-Line at www.njdeponline.com for submittal of the Notice of Intent To Close An UST System.* Additionally, an UST Facility Certification Questionnaire must be completed and submitted to the Department within seven days of the completion of all closure activities.

Has closure occurred prior to this submittal? _____YES/ _____NO

If Yes date of closure: _____

Check appropriate box for type of submittal (only one type per submittal)



1. Notice of Intent To Close An UST System Complete Sections A, B, D

As per N.J.A.C. 7:14B-9, the owner or operator of an underground storage tank system is required to **notify** the Department and all county and municipal health departments and municipal agencies of the **intent to close an underground storage tank system** on this closure form **at least 14 calendar days prior to the anticipated closure date**. This notification requires **no fee**. A verification from the Department will be sent to the address listed in Section D of this closure form indicating the earliest date you may begin the closure of the UST system and will include a Facility ID# and an Activity # for the activity proposed. The Department will use these numbers to track all activities associated with the tank(s) and/or piping listed on this closure form. **Therefore it is important that these numbers be used in all applicable future reports.** You must include a copy of this form with the application required for a local demolition permit.

NOTE: If a closure plan approval (#2 below) has previously been issued for the UST system(s) being closed, notification will not be required unless additional UST systems are scheduled for closure.



2. UST Closure Plan Review / Variance Request Approval Complete all Sections A, B, C, D

The owner or operator of an UST system may choose to submit a closure plan to the Department for review and approval instead of a notification. The closure plan should be submitted at least 60 days in advance of the anticipated closure date. This approval requires a **\$450 fee** for review pursuant to N.J.A.C. 7:14B-3.5. All variances from the technical requirements of N.J.A.C. 7:26E must be included with the closure plan pursuant to N.J.A.C. 7:26E-1.6(d). After review the Department will issue a written response either approving or denying the plan. Closure may begin immediately after receiving written approval from the Department and the local authorities.



3. Out of Service UST Extension Request for more than 12 months Complete Sections A, B, D

The owner or operator can request an extension for an UST system to remain out of service for a period more than 12 months without having to close the tank system per N.J.A.C. 7:14B-9.1(c). This form along with a Site Investigation Report completed in accordance with N.J.A.C. 7:26E must be submitted at least 30 calendar days prior to the expiration of the 12-month period. A **\$750 fee** is required for review of the site investigation report. If a release monitoring system exists then an out of service UST extension request may be made as per N.J.A.C. 7:14B-9.1(c) 2.

NOTE: A completed UST Facility Certification Questionnaire must have been previously submitted to the Bureau of Fund Management, Compliance & Recovery, Registration and Billing Section indicating the UST

system(s) are out of service.

NOTE: Change in Service from a Regulated to a Nonregulated Substance

In accordance with N.J.A.C. 7:14B-9.4, the owner or operator of an Underground Storage Tank System in which the substance being stored is being changed to a substance not regulated by this chapter shall: (1) Prior to storing the nonregulated substance, empty and clean the tank by removing all liquid and accumulated sludge; (2) Prior to storing the nonregulated substance, conduct a site investigation of the Underground Storage Tank System in accordance with N.J.A.C. 7:26E-3; and (3) Submit a site investigation report prepared and presented in accordance with N.J.A.C. 7:26E-3.13 within 120 calendar days after the tank cleaning along with the required **\$750 review fee**. Additionally, the owner/operator must submit a Facility Certification Questionnaire indicating the change to the Bureau of Fund Management, Compliance & Recovery, Registration and Billing Section. Should a discharge of hazardous substances be identified, refer to N.J.A.C. 7:14B-9.4(b). In accordance with N.J.A.C. 7:26E-6.3(b)6ii, contamination detected above an applicable remediation standard may require the removal of the tank system to facilitate remedial action.

- **Please type or print legibly in ink.** Call 609/633-0708 for help in completing this notification.
- The UST system must be registered. If the UST system is **not registered** this form will not be processed.

Section A - General Facility Information

1. FACILITY ID # _____ BLOCK _____ LOT _____
FACILITY NAME _____
FAC. ADDRESS LINE 1(# and Street) _____

FAC. ADDRESS LINE 2 (PO Box, Suite) _____
MUNICIPALITY _____ COUNTY _____

2. OWNER'S NAME / (Organization) _____
CONTACT PERSON _____ TITLE _____
ADDRESS LINE 1(# and Street) _____
ADDRESS LINE 2 (PO Box, Suite) _____ CITY _____

STATE _____ ZIP _____ TELEPHONE NUMBER _____

3. OPERATOR'S NAME / (Organization) _____
CONTACT PERSON _____ TITLE _____
ADDRESS LINE 1(# and Street) _____
ADDRESS LINE 2 (PO Box, Suite) _____ CITY _____

STATE _____ ZIP _____ TELEPHONE NUMBER _____

Section B - Specific Tank Information**Certifications** (Indicate below the name & cert. # of the firm & individual performing/performed the UST service):

1. FOR UST CLOSURE ACTIVITIES (PHYSICAL REMOVAL OR ABANDONMENT)

Certification# _____ Name of Certified Firm _____

Certification# _____ Name of Certified Individual _____

2. FOR SUBSURFACE EVALUATION (SITE INVESTIGATION, CORRECTIVE ACTION, etc.)

Certification# _____ Name of Certified Firm _____

Certification# _____ Name of Certified Individual _____

NOTE: The UNDERGROUND STORAGE TANK SERVICES CERTIFICATION ACT, N.J.S.A. 58:10A-24.1 et seq., requires that any services performed on an UST system for the purposes of complying with P.L.1986, c.102 must be performed by, or under the immediate on-site supervision of, a person certified by the Department for that service. The certified person providing that service must be employed by a business that is also certified by the Department for that service.

Activity

Is this submittal in response to a discharge? _____YES/ _____NO; If Yes enter Com.Center # (i.e. 00-00-00-0000-00)

Is this submittal related to an active SRP case? _____YES/ _____NO; If Yes enter Case # (i.e. 000001USR010001)

Proposed Date Underground Storage Tank(s) and/or piping will be closed: _____

Complete the following information concerning UST system closure.

If piping is being closed without associated tank, please include associated Tank No., Tank Size, and Tank Contents fields and check **PIPING ONLY**.**Tank Closure**

Tank No. (i.e. E1)	Length of Piping (ft)	Tank Size (gallons)	Tank Contents*	PIPING ONLY
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* If material is a hazardous substance but not a petroleum product, use chemical name and CAS number to identify tank's content (Brand or trade names are unacceptable).

Check here and attach additional page(s) if needed. _____

Section C - Site Investigation Work Plan/ Tank Decommissioning Plan

Complete this section only if applying for UST Closure Plan Review/Variance Request Approval

Attach the following information as required by N.J.A.C. 7:14B-9.2:

a. Implementation schedule

b. A **scaled** site map clearly identifying the UST system location(s) scheduled for closure

c. Site Investigation Work Plan **(Check Correct Response)**:

_____ SI will be performed in accordance with N.J.A.C. 7:26E, the Technical Requirements for Site Remediation. **(Do not submit additional SI information.)**

_____ A variance from N.J.A.C. 7:26E is being requested. In accordance with N.J.A.C. 7:26E-1.6(d), an alternate SI plan is attached for review.

d. Decommissioning Plan **(Check Correct Response)**:

_____ The UST Decommissioning Plan will conform to N.J.A.C. 7:26E-6.3(b); the New Jersey Uniform Construction Code (N.J.A.C. 5:23) and the current American Petroleum Institute's guidance (API Recommended Practice 1604).

_____ A variance UST Decommissioning Plan is being requested. In accordance with N.J.A.C. 7:26E-1.6(d), an alternate UST Decommissioning Plan is attached for review.

Section D - This Notification has been submitted by:

Name (print or type) _____ Signature _____

Title _____ Date _____

Organization _____

Address Line 1(# and Street) _____

Address Line 2 (PO Box, Suite) _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Mail the Closure Certificate to:

☐

Check if same as above

Name (print or type) _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip

Telephone _____ E-mail Address